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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/001475 |
| | Filing Date | 11/1/2001 |
| | First Named Inventor | Groz |
| | Title | Method and System for Managing Commitments, Reducing Measurement Errors, and Making Safe Disclosures |
| | Art Unit | 3629 |
| | Examiner Name | Jonathan P. Ouellette |
| | Attorney Docket Number | MG011606USNP |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
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☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.
SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---------------------|-----------|--------------|
| Signature | /Marc Michael Groz/ | Date | 10/24/2008 |
| Name | Marc Michael Groz | Telephone | 203 569 7717 |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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